FORM PTO-1083

Mail Stop: AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

FEB 11 2008 W

Docket No.: 208.1009 Date: February 8, 2008

In re application of:

Stewart Thomas LESLIE

Application No.:

10/037,299

Filed:

October 25, 2001

For:

TRANSDERMAL DOSAGE FORM

Sir:

Transmitted herewith is a Response to Office Action (12 pages) in the above-identified application.

[] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.

[] Applicants assert small entity status und[X] No fee for additional claims is required.

[] A filing fee for additional claims calculated as shown below, is required:

| | (Col. 1) | (Col. 2) | _ |
|---------------|-------------|-------------|----------|
| FOR: | REMAINING | HIGHEST | |
| | AFTER | PREVIOUSLY | PRESENT |
| | AMENDMENT | PAID FOR | EXTRA |
| TOTAL CLAIMS | 16 Minus | 20 = | 0 |
| INDEP. CLAIMS | | 3 = | 0 |
| FIRST PRES | ENTATION OF | MULTIPLE DE | P. CLAIM |

| RATE | FEE | <u>OR</u> | RATE | FEE |
|----------|-----|-----------|---------|-----|
| | | | | |
| x \$ 9 | \$ | | x \$ 18 | \$0 |
| x \$ 44 | \$ | | x \$ 88 | \$0 |
|]+ \$150 | \$ | | + \$300 | \$0 |
| | | | | |

SMALL ENTITY

TOTAL: \$ <u>OR</u> TOTAL: \$0.00

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- [X] Also transmitted herewith are:
 - [X] Petition for three (3) months extension under 37 C.F.R. 1.136
 - [X] Other: Return postcard
- [X] Check(s) in the amount of \$1050.00 is/are attached to cover:
 - [] Filing fee for additional claims under 37 C.F.R. 1.16
 - [X] Petition fee for three (3) months extension under 37 C.F.R. 1.136
 - [] Other:
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
 - [X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 - [X] Any patent application processing fees under 37 C.F.R. 1.17.
 - [X] Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Oleg loselevich, Reg. No. 56,963

DAVIDSON, DAVIDSON & KAPPEL, LLC

485 Seventh Avenue, 14th Floor New York, New York 10018

Tel: (212) 736-1940 Fax: (212) 736-2427

I hereby certify that the documents referred to as attached therein and/or transmitted herewith and/or fee(s) are being deposited with the United States Postal Service as "first class mail" with sufficient postage in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on February 8, 2008.

DAVIDSON, DAVIDSON & KAPPEL, LLC

Oleg Joselevich